Rec'	d				_		ICATION FOR AN EXISTING							Type/Rate					
Ent.					COI	MERC	IAL B	BUSINESS LICENSE						Account #					
PLEASE PRINT OR TYPE IN BLACK INK																			
Business	NAME (DBA):							Lo					LOCAL	DCAL PHONE #:					
Business	ADDRESS:						Сіту &	CITY & STATE: Z						ZIP:					
BILLING A	ADDRESS					Сіту &	CITY & STATE:						ZIP:						
TYPE OF	UPDATE BEI	NG REQU	STE	D:		STATE	STATE SALES TAX: (ATTACH VERIFICATION)						DBA: (ATTACH VERIFICATION)				FED P	ERMIT:	
Nature of Business:																			
Do you use, store or manufacture any chemical, combustible or hazardous materials? Yes / No:																			
Y/N:	SEXUAL	LY O F	IEN	ITED B	USNSS	; ARCAI	E;	S	ELL/CO	NSMPT	N C	F ALCO	HOL		_; 2ND	На	ND		
DATE OF CHANGE, BUSINESS HOURS FROMTO, M. T. W. Th. F. S. Su.																			
APPL	ICANT (L OFFI	Н	Home Address						Home Phone									
1.																			
2.																			
3.								_											
		DATE C	F E	BIRTH		Socia	SOCIAL SECURITY NUMBER						DRIVER LICENSE NUMBER						
1.																			
2.																			
3.																			
BUSINESS STRUCTURE: INDIVIDUALPARTNERSHIPCORPORATIONLLCOTHER																			
REGULATORY					TRANSI	TRANSFER FEE			# OF EMPL				@\$10						
Sp. R	Sp. Regs/Beer				INSPEC	INSPECTIONS			# OF APT					@\$10					
DISPROP. FEE					DUPLIC	ATE LIC						Т	TOTAL DUE						
This application is to be used only for updating information on an existing license. Items such as address changes, phone number changes, altering the DBA, minor changes in the nature of the business, adding or deleting an owner (where there are several original owners and a majority of the ownership remains the same), number of employees, and in some cases, changes in the business location all may be filed on this application. Please contact the license office for computation of fees (if any) that may be associated with updating the existing license. This application may not be used to transfer a license to new ownership. I do hereby agree to the conditions of this application. I also agree to conduct business in accordance with Sandy City Ordinances governing operation of such business.																			
Signa	ture										С	Date							
Print Name Title																			
Eng		Fire			PD/ Prevent		PD/ Bckrnd			Plan/ Zone			Bldg	g			Other		